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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/645,810 08/21/2003 Scott Andrew Ciarrocca GYN-5004 7879 TITLE OF INVENTION: CONVERTING CUTTING AND COAGULATING ELECTROSURGICAL DEVICE AND METHOD						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUB	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUS
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY) RECEIDED: 8/21/2003  THICON, INC.  SOMERVILLE, N.T.  RECLIFICAME: 014423/0725						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
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